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ABSTRACT

This paper on ethical issues in the gerontological nursing curriculum explores meanings of the concept of ethics and differences between ethical decision making and other decision-making processes. Four mind-sets about health care that influence the analysis of ethical dilemmas, identified by M. Aroskar, are described. The contributions of Kohlberg's and Gilligan's theories concerning stages of moral development are noted. A model for ethical decision making, developed by J. E. Thompson and H. O. Thompson, is presented, including the following 10 steps: review the situation, gather additional information, identify the ethical issues in the situation, identify personal and professional moral positions, identify the moral position of key individuals involved, identify the value conflicts, determine who should decide, identify range of actions with anticipated outcomes, decide on a course of action and carry it out, and evaluate/review results. (18 references) (JDD)

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A FRAMEWORK FOR ETHICAL ANALYSIS

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The relevance of ethics in this era can scarcely be debated. A review of any newspaper, magazine, or journal will reveal many ethical issues that confront the average person in the world. Ethics is a vital part of the practice of professionals in almost all disciplines. Ethical issues, for example, privacy and confidentiality, informed consent, strikes by health care professionals, paternalistic practices, human experimentation, sterilization of the mentally retarded, "do not resuscitate" orders, abortion, surrogate motherhood, macroallocation and microallocation decisions, are just a few examples of extant dilemmas confronting many individuals worldwide.

Some of the major ethical issues in the care of the elderly enumerated by Ebersole and Hess (1990) include: chemical and physical restraints, competency judgments, human rights in long-term care institutions, when and how to die, elder abuse, and neglect versus individual rights.

Meanings/Definitions of the Concept of Ethics

The term *ethics*, derived from the Greek term *ethos*, originally meant customs, habitual usages, conduct, and character. Webster's dictionary includes the following definitions of the noun, *ethic*:

> (1) A principle of right or good behavior. (2) A system of moral principles or values. (3) Ethics (singular in number). The study of the general nature of morals and the specific moral choices an individual makes in relating to others. (4) Ethics. The rules or standards of conduct governing the members of a profession.

Gerontological nursing education today is receiving more recognition than ever before. Clinical practice involving gerontological clients has grown more complex. These factors lead to consideration of a vital question: Have today's students been adequately prepared for the ethical dilemmas that nurses and clients face each day?

*The regional conference, **Ethical Issues within the Gerontological Nursing Curriculum**, addressed this question by having well-known speakers–Sister Rose Therese Bahr, Vivian Ross, and Susan Gunby–explore current ethical issues in gerontological nursing education at the undergraduate and graduate levels. This paper was presented by Susan Gunby during that conference.*

Faculty Preparation for Teaching Gerontological Nursing

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Ethics has been described by Bahm (1974) as the "theoretical treatment of moral phenomena." The opinion held by Ketefian (1985) as to what constitutes ethics is that it "involves critical and rational analysis of morality." Purtilo and Cassel (1981) said that ethics is a part of philosophy and a "fundamental part of the life of everyone in society." Benjamin and Curtis (1986) noted that "ethics. . .is an attempt to formulate and justify systematic responses to the following question: What, all things considered, ought to be done in a given situation."

Aroskar (1987) elaborated upon a previously stated definition of ethics:

> . . .ethics is a discipline within the broader domain of philosophy. It is a systematic *study* of what our conduct and actions *ought* to be with regard to ourselves, other human beings, and the environment, the justification of what is right or good, the study of what our lives and relationships *ought* to be--not necessarily what they are.
>
> Ethics in nursing has to do with the critical examination of the moral dimensions of decision making at the daily practice level and the policy-making level (Aroskar, 1982).

Ethical Decision Making

Marsha Fowler (1987) noted:

> In ethical decision making, even with a method for analysis and evaluation of a moral dilemma, ethical choices remain hard choices by nature because they make conflicting claims upon us, or present us with seemingly equally unsatisfactory alternatives.

A framework for ethical analysis requires a foundational knowledge of major ethical positions. These positions are derived from two major ethical theories, one is known as utilitarianism and the other is called deontology. One type of utilitarian theory (actually there are theories) determines the rightness or wrongness of an action on a situation by situation basis. The use of utilitarian theory requires that the consequences of an action be predicted and then a choice is made which will lead to the provision of the greatest good or happiness to the greatest number.

Deontological or formalist theories require the assessment of the intrinsic quality of the action or whether the action conforms to a rule in order to determine the rightness or wrongness of the action. Principles or their derivative rules form the basis for decision making. The consequences of the decision are not considered.

Because both of these ethical theories address rules and principles, it is important that nurses have an understanding of the major ethical principles of autonomy, beneficence, justice, fidelity, and veracity.

Hiller (1987) conjecturing on the difference in ethical decision making and other decision-making processes, noted:

> What is distinctive about ethical decision making is the centrality of fundamental ethical principles, both in the reasoning that leads up to the decision and because the decision maker accepts the principles in question as part of his or her value orientation.

A prior clarification of values is required of the individual who is conducting an ethical analysis. Actually, in most cases, a complete analysis requires consideration of several principles in tandem.

Aroskar's Mind-sets about Health Care

Aroskar (1982) identified four mind-sets about health care that influence the analysis of an ethical dilemma which may illuminate many attitudes and beliefs that health care professionals hold and affect the type of care they give to patients/clients. The first mind-set is "health care as medical cases or scientific projects with the cure of diseases as the single most important object." Aroskar described this mind-set as viewing the hospital as the doctor's workshop and the patients as the subject matter or case material. Furthermore, nurses are primarily accountable to physicians for their cases. Medical values are the focus of the system and, as a result, paternalistic practices abound.

Second among Aroskar's mind-sets is "health care as a commodity in the marketplace." Central to this mind-set is the view that the patient is a consumer; the physician is an outside contractor; and the nurse is an employee of the institution, with marketing of services a major focus of nursing activities. Aroskar stated the decisions resulting from this mind-set are based upon a more utilitarian model, which is directly contradictory to the patient-centered ethic.

Aroskar described the third mind-set as "health care as the patient's right to relief from pain." The primary obligation of the nurse with this mind-set is to meet the needs as identified by the patient. According to Aroskar, the major difficulty with this view is that frequently patients describe needs that are different from those identified by nurses.

The final mind-set is "health care as the promotion, maintenance, and restoration of health within a cooperative community." Aroskar postulated that with this view the values of all participants are taken into account and weighed when making decisions. Patients and health care providers both have rights and responsibilities under this view of health care delivery.

Kohlberg and Gilligan's Perspectives in Ethical Analysis

In the past few years much has been written about the sequence of moral development and ethical decision making. The theories of Kohlberg and Gilligan have been compared, contrasted, combined, critiqued, and criticized, and I believe that both perspectives influence the analysis of ethical dilemmas.

Kohlberg's developmental view includes his belief that there is a specific sequence of stages of moral development, regardless of the culture or country. Each stage represents a new and more

comprehensive system of thought. Kohlberg's view has been labeled as the "justice" perspective, or the morality of rights.

Gilligan's perspective has been described as having care as the focus, with orientation toward relationships and interdependence. Gilligan suggested that women organize their moral concepts within a framework of responsibility and care. An article in a recent edition of *The Chronicle of Higher Education* explained that Gilligan has modified her controversial work on the differences in the moral development of men and women. These major changes in her theory certainly have important implications for future research in nursing ethics.

A Model for Ethical Decision Making

Ethical decision making is a critical part of the daily practice of nursing. Through the use of a reasoning process, a critical examination of an ethical dilemma may clarify the situation.

Thompson and Thompson (1985) developed a bioethical decision process using critical inquiry and moral reasoning. They identified the goal of the 10-step decision model as being to identify, clarify, and, if necessary, to change the individual value orientation of people involved in an ethical dilemma. Thompson and Thompson (1985) recommended that the model be used in the order of the steps; however, once one is familiar with the process, shortcuts may be taken. The authors warned that skipping steps may lead to missing critical pieces of data. Thompson and Thompson's 10 steps are:

Step One: Review the Situation.

> This step is necessary in order to determine health problems, decisions needed, ethical components of the situation, and the key individuals involved. According to Thompson and Thompson, "the important thing to remember is that the early identification of decisions or actions needed helps one to begin to structure the situation for ethical analysis." The authors noted that "all decisions in health and illness have an ethical component" and, therefore, the health care provider should begin to note the use of language that includes the concepts of rights, responsibilities, duties, and obligations.
>
> Relative to who should make the decisions, Thompson and Thompson observed that "an important consideration when deciding which individuals are involved includes recognition of the competence or capacity of each regarding decision making."

Step Two: Gather Additional Information to Clarify the Situation.

The acquisition of demographic data, health status and prognosis, level of patient knowledge and understanding, competence, and knowledge of significant others involved in the situation is the central focus for this step.

Step Three: Identify the Ethical Issues in the Situation.

The five kinds of ethical issues in nursing according to Bandman and Bandman (1990) are helpful in explaining this particular step. These five issues concern (1) quantity versus quality of life; (2) freedom versus control and prevention of harm; (3) truth-telling versus deception or lying; (4) desire for knowledge in opposition to religious, political, economic, and ideological interests; and (5) conventional, scientifically based therapy versus alternative, nonscientific therapies.

Step Four: Identify Personal and Professional Moral Positions.

Putting this step in action requires that the health care provider clarify personal and professional values, particularly their relationship to the ethical issues identified during Step Three of this model.

Step Five: Identify the Moral Position of Key Individuals Involved.

Thompson and Thompson declared that "knowing what another person believes and values in the situation contributes to our understanding of that person and the situation." Clarification of moral positions can contribute to alternatives and the prediction of consequences of those actions.

Step Six: Identify the Value Conflicts (if any).

These conflicts may be intrapersonal, interpersonal, or may concern loyalties.

Step Seven: Determine Who Should Decide.

Thompson and Thompson suggest asking "Who owns the problem?" and "Who decides who decides?"

Step Eight: Identify Range of Actions with Anticipated Outcomes.

In considering outcomes a person can ask "What would happen if I did this?"

Step Nine: Decide on a Course of Action and Carry It Out.

Thompson and Thompson stated that at this point a person may choose a utilitarian approach, a deontological approach, cost-benefit technique, decision tree and/or decision matrix techniques, autonomy model, and/or beneficence model in order to decide the course of action.

Step Ten: Evaluate/Review Results of the Decision or Action.

This step is often neglected by many individuals who make ethical decisions. Completing this step allows the person to determine if the decision or action produced the intended results. Also, the information gained from this step may be transferred to future situations.

The Thompson and Thompson bioethical decision-making model is only one of several that may be utilized to confront ethical dilemmas, but I have found it to be an excellent one to teach nursing students to use. And, it is essential that nurse educators find innovative ways to teach students methods that will enable them to confront the ethical dilemmas they will encounter on a daily basis in their practice.

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